

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE
ADDRESS**

Patent Number 7,024,810
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First Named Inventor Cin Kim
Art Unit 3611
Examiner Name Hoge, Gary Chapman
Attorney Docket Number 4394/0037-US0

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 76808

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 76808

OR


<input type="checkbox"/> Firm or Individual Name	Leason Ellis LLP				
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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	CIN KIM		
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of ____1____ forms are submitted.

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